

Reporting the Order of Commitment

To Nebraska Department of Health and Human Services
By Clerks of the District Courts per requirement of Neb. Rev. Stat. 69-2409.01

Type of Report: (Please indicate)	Date of this report: (mm/dd/ccyy)
<input type="checkbox"/> Commitment	
<input type="checkbox"/> Discharge from Commitment	
<input type="checkbox"/> Correction	

Identifying information: *This information is requested of all commitments so as to distinguish one person from another. Please copy this form to the official files for future reference. All information is requested. Thank you.*

Social Security Number _____	Race ("X" all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latin American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Unknown	Gender ("X" response) <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth _____ Month Day Year		County of Legal Residence: (Print name) _____ The county of the persons home address..

Name of person ordered to receive mental health treatment: *Please give all names, including maiden names and nicknames. Attach additional sheets if necessary.*

Last	First	Middle	Suffix (Jr, Sr, etc)

Mental Health Board Ordering Commitment: (Print name) 	
Type of Commitment: Outpatient (circle) Inpatient	Responsible Facility:
Contact Person Completing Report: (Print)	Phone Number: (_____) _____ Area Code Number Extension
County of Commitment: (Print Name)	Commitment Date: _____ Month Day Year
Discharge date from Commitment: _____ Month Day Year To discharge make copy of initial report and complete discharge information. Please mark type of report above and add date in column indicated.	Submit reports to: Richard DeLiberty, Administrator Division of Behavioral Health Services PO Box 98925 Lincoln NE 68509-8925 Mar 05 Edition.